

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

APPLICATION FOR VETERINARY ACCREDITATION

1. NAME OF VETERINARIAN <i>(as used professionally, including degree)</i>		2. SOCIAL SECURITY NUMBER	
3. SCHOOL/COLLEGE GRADUATED			
3A. NAME	3B. CODE	3C. YEAR GRADUATED	
4. INITIAL ORIENTATION COMPLETED			
4A. DATE		4B. STATE	
5. BUSINESS ADDRESS		6. MAILING ADDRESS <i>(if different from Number 5)</i>	
7. OFFICE TELEPHONE NUMBER ()		8. HOME TELEPHONE NUMBER ()	
		9. NAME OF COUNTY WHERE PRACTICE IS LOCATED <i>(County Code to be entered by Veterinary Services)</i>	
10. PROFESSIONAL ACTIVITY		CODE	11. LICENSED TO PRACTICE VETERINARY MEDICINE IN THE FOLLOWING STATE(S) <i>(Give State and License Number - Example: TX-00000)</i>

TASKS FOR ACCREDITED VETERINARIANS

1. Perform physical examinations of individual animals and visually inspect herds or flocks.
2. Recognize the common breeds of livestock.
3. Recognize brucellosis tattoos and calfhood vaccination tags, and determine the state of origin of eartags.
4. Estimate the age of livestock using a dental formula.
5. Apply an eartag, tattoo, backtag, and legband.
6. Certify the disease status of a flock for shipment of birds.
7. Properly complete certificates for domestic and international movement of animals.
8. Apply and remove official seals.
9. Perform a necropsy on livestock.
10. Recognize signs and lesions of exotic animal diseases.
11. Plan a disease control strategy for a livestock unit.
12. Vaccinate for brucellosis and fill out the vaccination certificate.
13. Draw and ship blood for testing.
14. Perform a caudal fold test for tuberculosis.
15. Develop cleaning and disinfection plans to control communicable livestock disease spread.
16. Explain basic principles for control of diseases for which APHIS or APHIS-State cooperative programs exist, such as brucellosis, pseudorabies, and tuberculosis.

CERTIFICATION

I certify that I am able to perform the tasks listed above and have been given a copy of the Standards for Accredited Veterinarian Duties. I agree to conduct all activities as an accredited veterinarian in accordance with the Standards for Accredited Veterinarian Duties contained in Title 9, Code of Federal Regulations, Subchapter J, Part 161.3, and any amendments thereto which may subsequently be issued and in accordance with instructions received from the Veterinarian-in-Charge.

12. SIGNATURE OF VETERINARIAN		13. DATE	
Signature of the Veterinarian-in-Charge and the State Animal Health Official appearing below denote endorsement of the applicant for veterinary accreditation.			
14. SIGNATURE OF VETERINARIAN-IN-CHARGE		15. DATE	
16. SIGNATURE OF STATE ANIMAL HEALTH OFFICIAL		17. DATE	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

PRIVACY ACT NOTICE

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, for individuals completing VS Form 1-36A.

Authority

U.S. Code, Title 5, Section 3301.

Purpose and Use

The primary purpose of the information solicited directly from applicants, eligibles, appointees, or employees is to make determinations of fitness, knowledge and ability to be employed in the Federal competitive service.

This information may be shared with the Office of Personnel Management, or with any Federal agency with the need-to-know and conducting official business with the Office of Personnel Management.

Effects of Nondisclosure

Although all of the information is voluntarily furnished, failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7 (b) (Privacy Act of 1974) - Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of Agriculture is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Agriculture.